

RTM Change Request Form

Today's Date: 1/17/97

Authorizing CCR Number: 97-0074

Originator: Carol Chachulski

Schema Impact:

☐ yes

☒ no

Affected RTM Class Name: Level 4

Name of Coordinator: _____ Date Received: _____

General Comment or Instructions:

List of associated text change tables that are attached:

Attachment 1: Modify Level 4s

Attachment 2: Create New RBR

List of associated link change tables that are attached:

Attachment 3: Break RBR/L4 Links

Attachment 4: Add Links (IRD-RBR)

Attachment 5: Add Links (RBR-L4)

Data Entry By: _____ Date Received: _____

Comments:

Type of change	Done or N/A	Date
Text	<input type="checkbox"/> _____	_____
Links	<input type="checkbox"/> _____	_____
CCR Links	<input type="checkbox"/> _____	_____

QA'ed By: _____ Date Received: _____

Comments:

QO check	Done or N/A	Date
Text	<input type="checkbox"/> _____	_____
Links	<input type="checkbox"/> _____	_____
CCR Links	<input type="checkbox"/> _____	_____

QO report attached

☐ yes

☐ no